

Minimum Fee \$25.00 (See §1401)

**DOMESTIC  
NONPROFIT CORPORATION  
STATE OF MAINE  
ARTICLES OF CONSOLIDATION**

\_\_\_\_\_  
(A Maine Corporation)

**AND**

\_\_\_\_\_  
(A Maine Corporation)

**FORMING**

\_\_\_\_\_

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-B MRSA §904](#) or [13 MRSA §961](#), the undersigned corporations, execute and deliver for filing the following Articles of Consolidation:

**FIRST:** The name of the new corporation is \_\_\_\_\_

**SECOND:** The plan of consolidation is set forth in Exhibit \_\_\_ attached hereto and made a part hereof.

**THIRD:** ("X" one box only for each corporation) As to each participating corporation, the plan of consolidation was adopted in the following manner:

Name of Corporation \_\_\_\_\_

- By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.
- If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.
- By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.
- There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

Name of Corporation \_\_\_\_\_

- By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.
- If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.
- By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.
- There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

**FOURTH:** The address of the registered office in the State of Maine of \_\_\_\_\_  
is \_\_\_\_\_  
(street, city, state and zip code)

**FIFTH:** Effective date of the consolidation (if later than date of filing of Articles) is \_\_\_\_\_  
(Not to exceed 60 days from date of filing of the Articles)

**DATED** \_\_\_\_\_  
\_\_\_\_\_ (name of corporation)

<p><b><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></b></p> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <p>_____ (name of corporation)</p> <p>_____ (signature of clerk, secretary or asst. secretary)</p>
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\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

**DATED** \_\_\_\_\_  
\_\_\_\_\_ (name of corporation)

<p><b><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></b></p> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <p>_____ (name of corporation)</p> <p>_____ (signature of clerk, secretary or asst. secretary)</p>
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\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer. (13-B MRSA §104.1.B)

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person) \_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)